10 February 2007

Chemist+Druggist

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C+D

News: OTC contraceptive pill tops MHRA debate

News: Asda talks to PCTs about in-store GP services

Features: Confused over category M? We explain all

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GSL

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Pharmacy Champions

Cover: This week's Pharmacy Champions, Imreen Hussain and John Gibson. Picture: The Cameraman Photography

Should the Pill be sold OTC?

Pill to go over the counter?

Medicines Conference delegates vote in favour of reclassification from POM to P

Wesley Yin-Poole

If the consultations and follow-up with patients are done under the correct protocols, selling the Pill over the counter would be a good thing. It will mean wider availability and remove a barrier for patients travelling to the UK from overseas or women being unable to see a GP because the surgery is closed. On a personal level I would support a switch from POM to P for the Pill and I'll be looking at that when I go into independent prescribing.
Ravi Mohan, Weldrick's, Sheffield

If the Pill went to P tomorrow I'd look forward to selling it as I have a special interest in sexual health and it's a worthwhile area. It would give women easier access to contraception. It's an exciting opportunity. My only concern would be that pharmacists must have specialist training and show that they are competent to sell it.
Joanna Peacham, Brocklehurst Chemist, Hull

Pharmacists were given the clearest indication yet that they could soon be selling the Pill over the counter after representatives of the pharmaceutical, healthcare and academic industries voted in favour of a move.

Delegates overwhelmingly backed reclassification of the Pill from a POM to P medicine at a conference debate organised by the UK medicines regulator in London this week.

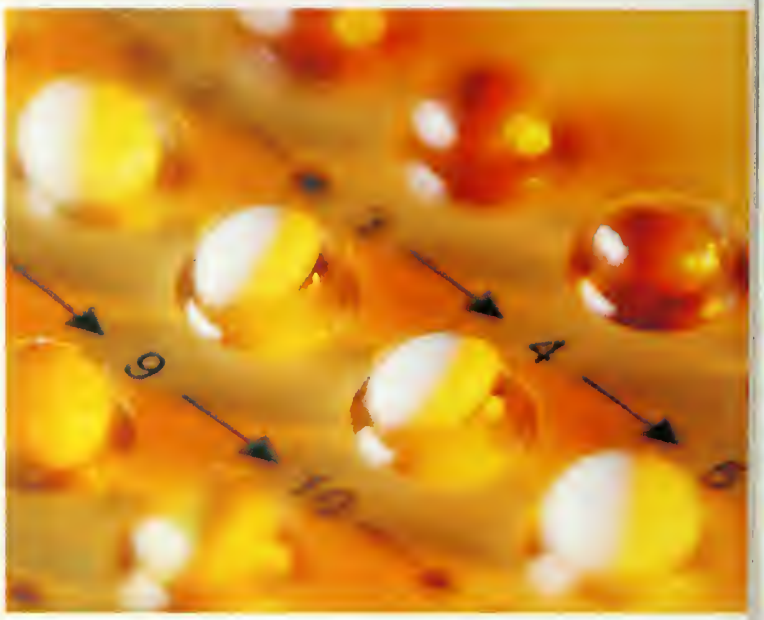
The MHRA is now looking to produce a report as soon as possible with a view to furthering the debate on whether the Pill and other products should be available over the counter.

Speaking at the Widening access to medicines conference, Doctor June Raine, director of the VRMM division of the MHRA, said: "We have to have a report, even if it is only four pages. There are a lot of things we can do."

However, academics moved to play down talk of a swift switch.

Mary Armitage, clinical vice-president of the Royal College of Physicians and chairman of the Expert Advisory Group on Medicines for Women's Health, revealed there had not been any applications from industry requesting a change of licence. She said: "We are not aware of any applications pending. This conference is just about opening up the debate."

Concerns over the move centred on cost and safety. Ailsa Gebbie, chairwoman of the Education Committee of the Faculty of Family Planning, said: "What are the pharmacists going to add on to this? Are they going to hike up prices? That's a real concern for me."



Have your say: email wyin-poole@cmpi.biz and vote in our poll at dotpharmacy.com

Pictured, from the left, are: Mary Armitage; Mary Ann Lumsden, professor of medical education and gynaecology, University of Glasgow; Professor Anna Glasier, of the Lothian Family Planning centre; and Julie Hanmer, pharmacy services team project manager, Boots

There would have to be a pharmacist present for over-the-counter sales of the Pill and some guidelines issued. We already sell EHC and have a rigid questionnaire that we use for the sake of the patient's health. It would change the whole vision of the product in the eyes of the public and I'd be concerned that the person buying the Pill was the one who was going to take it. There are also concerns about the side effects for older women.
Ray Hall, Raymond C Hall Pharmacy, Hull

It would be a good idea for the Pill. I've been providing EHC for young girls for seven years and on health grounds it would be good for them to take the Pill regularly rather than come in for EHC. If there are proper guidelines, pharmacists can get involved. HRT would have to be controlled as it can have a crucial effect on blood levels and the tests cannot very easily be done properly by a pharmacist.
Rohit Patel, Ridgway Pharmacy, London JE

Correction

Parts of the Section 60 Order covering technicians in England and Wales have been delayed until legislation regulating technicians in Scotland is in place.

However, all other areas of the Section 60 Order will not be subject to delay as reported in last week's issue (C+D, February 3, p6).

"We hope very much that the provisions relating to pharmacy technicians can be brought into force with as little delay as possible and we are working with the government to facilitate implementation at the earliest opportunity," said Janet Flint, head of support staff regulation at the Royal Pharmaceutical Society.

£300m PCT cash boost

Practice Funds to update buildings and equipment

PCTs are to receive more than £300 million to modernise their buildings and their equipment.

The cash boost will see PCTs get £323m to maintain and modernise building stocks and replace outdated equipment. They are also to receive a further £60m to modernise dental premises and equipment.

The funding represents a 30 per cent increase on last year's allocation and is to be used by PCTs to meet national targets and local priorities, the Department of Health has said. **AC**

Lord Fraser cleared of charges

Legal Charges dropped due to lack of evidence

Scottish prosecutors have dropped 'air rage' charges against Statutory Committee chairman Lord Fraser of Carmyllie due to insufficient evidence.

Tayside Police arrested Lord Fraser at Dundee airport on December 19, following an alleged incident on board a ScotAirways flight from London to Dundee.

The alleged offence under the Air Navigation Order 2005 is said to relate to Lord Fraser being 'bumped down' a class. However, Lord Fraser maintains that his complaint about the seating had been perfectly polite, according to a BBC report. **AC**

Minister for public health Caroline Flint presents Steve Crone, chief executive of QUIT, with a World Health Organization Award. Ms Flint joined TV presenter John Stapleton at the 80th anniversary celebrations of QUIT, the charity that helps smokers to give up, at the House of Lords this week

Primary care report boost for pharmacy

Practice Pharmacists should be front line resource

Tom Hawkins

Pharmacists should become "even more invaluable" as a front line resource for NHS patients, a senior government healthcare adviser said this week.

The DH's primary care tsar Dr David Colin-Thomé said beefing up the role of primary care providers such as pharmacists and moving healthcare support closer to patients' homes was the best way to improve care and reduce NHS costs.

He said: "Expanding the services GPs, nurses, midwives, pharmacists and other key staff provide in our communities and homes makes sense. And economically, it makes sense."

Dr Colin-Thomé's comments were published in a Department of Health report entitled Keeping it Personal – Clinical Case for Change.

David Wood, executive director of the Independent Pharmacy Federation, said the report largely repeated the intentions set out in the Our Health, Our Care, Our Say White Paper but failed to highlight the importance of exploiting pharmacy services through practice-based commissioning (PBC).

"A clearer signal should be given to GPs of the benefits of commissioning community pharmacy-based cognitive services through PBC, rather than the GPs developing their own companies to provide services to their own practices," he said.

NPA spokesperson Neal Patel said Dr Colin-Thomé's report hinted at PBC working in a similar way to prescriptions, where services are provided by multiple pharmacies that compete within a framework agreement. He said: "It does seem to be a fair system rather than a system that locks out other providers."

RPSGB president Hemant Patel praised the report's findings but called for greater alignment of the GP and pharmacy contracts to ease integration between the professions.

Dr Colin-Thomé: best way to improve care

News in brief

DH extends consultation

Health ministers have extended the consultation on the reimbursement and remuneration arrangements for stoma and incontinence appliances until April 2. This will allow respondents to consider the amended terms of service relating to stoma and incontinence patients, due to be published at the beginning of March.

Correction

The www.passtheprereg.com website has been launched by university lecturer Alan Nathan and not the Royal Pharmaceutical Society as published in last week's C+D. Mr Nathan, lecturer in pharmacy practice at King's College London, has designed the service for trainees requiring extra help to pass the exam. For information contact info@passtheprereg.com and not the RPSGB.

C+D part of PSNC events

C+D will be exhibiting at PSNC's forthcoming 'Success for Pharmacy' events, which have been organised by Ceuta Healthcare and take place on March 4 in Telford, March 11 in Leeds and March 18 in London (Heathrow). For more information go to www.psnc.org.uk/events

Asda plans city branches with GP surgeries

Retailing Asda will offer consultation rooms for PCTs to provide GP services

Tom Hawkins

Asda is considering opening pharmacies in city branches under the 100-hour control of entry exemption as part of plans to house GP surgeries in-store.

The supermarket told C+D this week that it is offering PCTs the opportunity to use optician and pharmacy consultation rooms to provide out-of-hours GP services when they are vacant.

Superintendent pharmacist John Evans said Asda would apply for a contract under the 100-hour exemption if there was not one already on site. "If it was a large city we'd look at putting in a 24-hour pharmacy," he said.

Asda has employed a third-party consultancy to investigate crossover with appropriate PCTs.

It has also briefed the Department of Health on the concept, but Mr Evans described the plans as in their "very early days".

He added that Asda had been mulling over the possibility of adding GP services for around seven years but that it has struggled to free-up the necessary space.

• Sir Richard Branson's Virgin Group has refused to comment on reports that it is planning to launch a chain of medical centres this year.

PSNC seeks action in seven areas

PSNC is to meet healthcare chiefs to develop its response to the forthcoming control of entry review, and to take forward negotiations for the 2007-08 pay deal.

Following an early meeting with Anne Galbraith, who is chairing the control of entry review, PSNC has decided to push for action in seven areas:

• Supporting increased access where services, or choice of services, are inadequate.
• Developing the value of community pharmacy services for PCTs.
• Supporting the government's health priorities.
• Supporting competition and choice in service quality.
• Restoring business confidence.
• Offering value for money for the NHS and PCTs.
• Reducing cost, complexity and administrative burdens on PCTs.

The final countdown: a digital clock in Cardiff is counting down to the April 2 smoking ban in enclosed public spaces in Wales. A second clock will tour towns and villages. John Griffiths, deputy minister for health and social services, said the ban would curtail the health dangers of secondhand smoke

It was all smiles in Wales this week as the RPSGB's Welsh Executive unveiled its new premises at Cardiff Business Park on Tuesday. Ann Lewis, RPSGB secretary and registrar; Cath O'Brien, director for the RPSGB's Welsh Executive; Peter Jones, newly elected chairman of the Welsh Board; health minister Brian Gibbons; and Carwen Wynne Howells, chief pharmaceutical advisor to the Welsh Assembly, were singing from the same hymn sheet after attending the first Welsh Pharmacy Board meeting, held at the new office

Police to access records

RPSGB Society confirms request is justified

Police officers could force pharmacists to disclose confidential patient information as part of a major crime investigation, the Royal Pharmaceutical Society has said.

A number of contractors across the country face questioning by the Metropolitan Police over prescription records, according to the RPSGB's law & ethics bulletin.

"Investigating officers from the Metropolitan Police have been in contact with senior members of staff from the Society and can confirm that the information which may be requested is justified and its release is in accordance with Society guidelines," the RPSGB stated.

For more information visit www.rpsgb.org.uk **MG**

Patients calm over bird flu

Practice No concerns from turkey farm neighbours

The outbreak of bird flu in Suffolk has not fazed pharmacy customers, contractors have told C+D.

"I think because we've been through it all before, people aren't bothered by this," said Adam Baranowski, pharmacist at a Boots store near the Bernard Matthews turkey farm hit by the H5N1 strain.

Lloydspharmacy also reported a calm response. Pharmacy director Andy Murdock said: "We rang six of our pharmacies in Suffolk and they've had no enquiries." **WYP/MG**

The protection game

Practice Learn to handle sensitive information

A board game has been launched to help pharmacists protect confidential patient information.

The IG (Information Governance) Game involves up to 14 players fielding questions on the handling of sensitive data. The £99 game kit includes tools and templates to prevent pharmacists falling foul of patient information laws, according to manufacturer Focus Games.

Focus spokesman Andy Yeoman said: "The game aims to simplify IG guidelines and put them into everyday scenarios. For example, if a pharmacist appoints a new window cleaning company will they be able to access patient records?"

For more information see www.focusgames.co.uk **MG**

Fancy having a go? Help C+D put the IG game to the test and you could take home a copy. Contact Max Gosney on 01732 377315 or email mgosney@cmpmedica.com to register.

News in brief

BOC quits Welsh supply

BOC has completed its last delivery of oxygen to pharmacies in Wales, leaving fellow gas supplier Air Products to assume complete control of the vital service. "Following discussions with both Air Products and the Welsh Assembly Government, it was decided to cease pharmacy supplies in Wales," the company said.

Mark Griffiths, chairman of independent buying group Cambrian Alliance, said pressure on pharmacy had fallen away despite short-term requests for portable cylinders over Christmas.

Try the Travel Turtle

C+D's parent company CMP Medica has launched a website featuring health advice and country specific medical and vaccination reports. The www.travelturtle.com site also provides worldwide weather reports and tips on business etiquette abroad. It can also be accessed from C+D's website at www.dotpharmacy.com

Web logo live

Online pharmacies are now displaying the Royal Pharmaceutical Society's internet pharmacy logo, which aims to combat rogue drug distributors on the web. The pilot for the scheme is now full. Further details will be revealed at the end of this month, the RPSGB said.

QicScript clear for rollout

System Solutions' QicScript has gained full rollout authority for the first phase of the electronic prescription service after on-site tests. For more information visit www.syssol.ie

Carry on exercising

Middle aged and older people need not worry that regular exercise is likely to cause osteoarthritis, even if they are overweight, says a Framingham study published in Arthritis Care & Research.

Scots open their purses

Scotland's NHS Boards are to receive £7.8 billion worth of extra funding for 2007-08, bringing the overall budget to over £10bn.

Central funding finds support from contractors

Contract Healthcare budgets should be based at Westminster, say pharmacists

Danusia Osiowy

Contractors have backed industry calls to strip PCTs of spending powers and introduce central funding to help get enhanced services off the ground, according to a C+D straw poll.

Healthcare budgets should be based at Westminster rather than placed in the hands of cash-strapped PCTs, said pharmacists.

Rajesh Kerai, of Queens Park Pharmacy, Bournemouth, launched a private obesity management clinic after experiencing difficulties getting funding for the service from his local PCT. He said: "PCTs are not distributing funds properly and there is no communication. Central funding will give us a chance to initiate local services that pharmacies want."

The comments support industry stakeholders' call for the review of enhanced services commissioning as part of the All-Party Pharmacy Group inquiry into the future of pharmacy.

Aina Osunkunle: "PCTs differ dramatically in the way commissions are dealt with"

Sue Sharpe, PSNC chief executive, said: "It is so sad that the emergency hormone contraception service was developed, but became so successful it had to be cut back. We need to drive new services in sexual health, obesity and minor ailments, with centrally agreed funding structures. Funding is the block to progress."

A review of enhanced service commissioning would be welcomed by contractors, claimed Aina Osunkunle, a pharmacist at K&A Pharmacy, Gateshead. She said: "Central funding is more encouraging to pharmacists than the current system. PCTs differ dramatically in the way commissions are dealt with. If we all have the same access everybody is treated equally."

Raymond Hall, a pharmacist at Raymond C Hall, Hull, added: "When PCTs run out of money they lose interest and this has to be stopped. Although some PCTs are good in parts, others are not and because of this it should be yes, yes, yes to be centrally funded."

Read the CCA comment, p14

Scottish contract updated

Scotland Publicity for minor ailments scheme on way

The Scottish Executive has issued a contract update. It reports that posters and leaflets for the minor ailments service are to be distributed this month, ahead of service 'refinements' covering lapsing registrations and PGD extensions. These are subject to negotiation over the next six months, said SPGC chief executive Harry McQuillan.

Since its start, 600,000 patients have registered with the minor ailments service and pharmacists are conducting 50,000 consultations a month, the SE reported.

The level two public health service, which involves pharmacists giving display space for health promotion campaigns, is scheduled to start next month. **AC**

Kevin Barron (far right), MP for Rother Valley and chairman of the health select committee, visited Lloydspharmacy in Aston, Sheffield, to gain first-hand experience of the way the company runs its drugs misuse services. Accompanied by Andy Murdock (centre), pharmacy director at Lloydspharmacy, Mr Barron was shown how the needle exchange service operates by pharmacist manager Benedict Kiwanuka. The scheme is run by 18 per cent of the chain's pharmacies nationwide, with more than half offering supervised drug substitution consumption

Numark's new concept store

Retailing Pharmacy is first for a makeover

A Numark pharmacy in the north-east has become the first branch in the UK to model the group's state-of-the-art interior makeover scheme.

Fairman Chemist in Wallsend, Tyne and Wear, has been updated with Numark's concept pharmacy design. The revamped site will officially be unveiled on February 14.

The design concept is focused around a glass display unit for pharmacy medicines flanked by 'pods' that form the main prescription counter area.

Numark claims this reduces clutter and enables the promotion of seasonal medicines. Further signage 'goalposts' around wall displays are used to highlight OTC products.

A second concept store is under way at Alphington Pharmacy, Exeter, and a third is in the pipeline. **TH**

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Nicorette Patch Product Information: Presentation: Transdermal delivery system available in 3 sizes (30, 20 and 10cm²) releasing 15mg, 10mg and 5mg of nicotine respectively over 16 hours. **Uses:** Relief of nicotine withdrawal symptoms as an aid to smoking cessation. **Dosage:** Adults (over 18 years): Patients should stop smoking and refrain from using any other nicotine products. The patch should be applied to the skin on the hip, upper arm or chest in the morning and removed at bedtime. Application should be limited to 16 hours per day. Initially one 15mg patch daily for 8 weeks. Dose should be reduced to 10mg for 2 weeks and then 5mg for a further 2 weeks. If abstinence is not achieved at 3 months, further courses may be recommended. Adolescents (12 to 18 years): As per adult, but duration of therapy should not exceed 12 weeks without consulting a healthcare professional. Under 12 years: Not recommended. **Contraindications:** Hypersensitivity. **Precautions:** Erythema may occur. If severe or persistent, discontinue treatment. Unstable cardiovascular disease, diabetes mellitus, uncontrolled hyperthyroidism, pheochromocytoma, generalised dermatological disorders, renal or hepatic impairment. Stopping smoking may alter the metabolism of certain drugs. [illegible] **Pregnancy and lactation:** Only after consulting a healthcare [illegible] **Side effects:** Erythema, itching, urticaria, headache, nausea, vomiting, GI discomfort, dizziness, palpitations, reversible [illegible] **Legal category:** [illegible] **PL holder:** Pharmacia Limited, Ramsgate Road, Sandwich, Kent, CT13 9NJ. **PL numbers:** 0032/0292, 0293, 0294. **Date of preparation:** March 2006. **References:** 1. Fiore MC, et al. Effectiveness of a 16-hour transdermal nicotine patch in a [illegible] setting: [illegible] group counseling. Arch Intern Med. 1995; 155: 1781-1790. 2. Johansson C-J. [illegible] of a 16-hour transdermal nicotine patch. Clin Drug Invest. 1996;12:199-206. 3. Pfizer Consumer Healthcare. Data on file. **Date of preparation:** December 2006.

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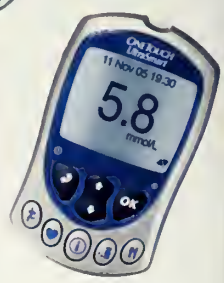

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Patients take heart from pharmacy CHD services

Practice Survey reveals pharmacy involvement increased patient satisfaction

Emma Wilkinson

Involving pharmacists in the medicines management of patients with coronary heart disease significantly improves patient satisfaction, a study of nine pilots in England has reported.

However, patient outcomes were the same for those in the pharmacy intervention and those receiving usual GP care, the study found.

The researchers from the University of Aberdeen said better targeting of patients was the key to success.

More than 1,400 patients took part in the randomised controlled trial which involved an initial consultation with a pharmacist to assess therapy, medication compliance, lifestyle and social support and further consultations according to need.

Researchers hoped the scheme in 70 pharmacies would increase the number of appropriate medicines taken by patients as per the NSF.

But analysis showed no change in the proportion of medications taken and the pharmacy scheme was found to be more expensive.

Coronary heart disease sufferers benefited from pharmacy advice

Professor Christine Bond, professor of primary care pharmacy, said she was disappointed by the results but it was important pharmacy medicines management continued as some patients had benefited.

"We can see that patients really like it and many of the GPs think it's a good idea. The lesson to be learnt is about working better together to identify suitable patients.

"It's a bit of a learning exercise," she said. "You can't expect things to work straight away."

How the crab shell can help crack pain in humans. See page 24 ›

Alliance Pharmacy chain adds to portfolio

Multiples Post-merger company remains on the acquisition trail

Alliance Pharmacy has added 15 pharmacies to its portfolio, following acquisitions of businesses situated close to, or in, GP surgeries.

The acquisitions include the Coventry and Birmingham-based Linthorns Group pharmacies; David Hayes Ltd, a group of three pharmacies in Nottingham and Derbyshire, and the Peoples Pharmacy in Essex.

The stores will initially be rebranded under the Alliance Pharmacy banner. However, the company has long-term plans to convert all stores to the Boots fascia following last summer's merger. **AC**

Men book in for an MOT at the pharmacy

Practice Male 'MOT' will include vital information on cancer

Gordons Chemists is urging men across Northern Ireland to attend MOT health checks this month.

The community pharmacy chain is offering a series of essential health checks, including blood pressure, blood glucose and cholesterol, during February at its branches across the province.

Vital information on male cancer will also be given.

Neil Gordon, co-founder of Gordons, said: "There are more than 600 new cases of male cancer in the province every year so we really need to drive the message home that self-examination and early detection really can save lives." **JE**

The MOT aims to target male cancer, says Gordons Chemists

Changes to zero discount

Medicines PIs with same name removed from list

Parallel imports featuring a name identical to the UK pack are to be removed from the zero discount list from February, in a raft of changes that see five products added and 10 removed.

Products to be added are:

- Diethylstilbestrol 5mg tablets
- Replagal 1mg/1ml and 3.5mg/3.5ml solution for injection vials
- Timolol 5mg/ml/latanoprost 50mcg/ml eye drops
- Enoxaparin sodium solution for injection pre-filled syringes (various strengths – by generic name).

PSNC also notes that where the parallel import name differs from the UK licensed product, it will remain on the list.

Products being removed from the ZD list are:

- Ainsworth liquid remedy mixture
- Crixivan 400mg capsules
- Emtriva 200mg capsules
- Ensure Plus liquid
- Flolan 1.5mg powder and solvent for solution for injection vials
- Norvir 80mg/ml oral solution
- Orfadin 2mg and 5mg capsules
- Resource Shake liquid
- Retrovir 100mg capsules.

For more information, see www.psnc.org.uk **AC**

News in brief

AstraZeneca job cuts

AstraZeneca has revealed plans to axe 5 per cent of its workforce in the face of pricing pressure and competition from generics.

The UK-based firm said 3,000 jobs will go as part of a three-year drive to scale back its production assets.

The cull comes as AstraZeneca's heart drug Toprol-XL, which contributed sales of £703 million last year, comes off patent.

Tranexamic acid switch?

Meda Phamaceuticals Ltd is seeking a POM to P switch for Cyklo-f 500mg (tranexamic acid) tablets.

The OTC indication would be for women who regularly suffer heavy menstrual bleeding, and at a dose of up to 4g a day for a maximum of four days.

The company plans to launch an OTC pack of 18 tablets.

Alliance Pharmacy is working with Cleveland Fire Brigade in a joint initiative to reduce death and injury caused by house fires among local residents. Eight of the chain's pharmacies in the region are backing the brigade's Home Fire Safety Check by giving their patients and customers forms to book a free check through their home delivery prescription service. They have placed HFSC yellow postboxes in their shops for customers to mail their request forms. Paul Speight, the chain's local driver, has also been collecting forms from housebound and disabled patients. More than 70 residents have been checked out by firemen since last December and Glen Clerk, older person's advocate at Cleveland Fire Brigade, said Alliance plans to support the initiative nationally. "We also hope to work with other pharmacies in the region to reach vulnerable people," she said

Trial hits problems

Pharmacy Few customers for out-of-hours service

Wesley Yin-Poole

An out-of-hours trial in Scotland has been labelled 'ahead of its time' after pharmacists reported disappointing trade.

Six pharmacies in Dumfries, Scotland, had signed up to the pioneering 12-week scheme, which was meant to reduce pressure on local NHS24 and A&E services.

However, despite heavy promotion in local media and from within the NHS, few customers showed up between 6pm and 9pm, prompting speculation that the trial, now in its fourth week, will not be kept on.

Mike Pratt, NHS Dumfries and Galloway's chief pharmacist, said: "The community pharmacy service is still new to the population. Maybe this scheme has just come too early. It may be that the population doesn't understand what pharmacy can offer."

Mark Blount, whose pharmacy GR Blount was the first to participate in the scheme, said: "We get £850 for the week from the health board. When you consider staff costs, security issues, heating and lighting, you're just breaking even."

News in brief

Cegedim moves

Cegedim, the pharmaceutical IT supplier, has consolidated its five UK businesses in a new office in Chertsey, Surrey.

The Cegedim Group employs more than 500 people in the UK.

Numark change

Numark marketing director Andrew Sollitt has left the Tamworth-based symbol group. Numark managing director Simon Colebeck said: "Andrew has decided to look at new opportunities. He has given 100 per cent commitment to the Numark cause and has always been hugely supportive of me."

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Comment from the editor

Look to the Champions for proof of excellence

The fact that this week's lead story has not prompted a single cry of outrage in the newspapers that claim to represent Middle England must surely indicate a change in attitudes over the past decade to oral contraception.

Just a few years ago, any hint of a suggestion that the oral contraceptive pill could be sold over the counter through pharmacies would have been seized upon by those who purport to defend the nation's morals.

So what's changed? Do we live in a more tolerant society? Is the general public better informed about the healthcare choices available? Or did the newspapers think it was always likely to be a nothing story because the Department of Health would never in its right mind allow contraceptives to be sold over the counter?

Whatever the answer, the reality is that such POM to P switches are now being discussed openly, and all against a background of pharmacists playing an increasingly prominent role in advising, treating and signposting patients.

An overwhelming majority of delegates who took part in the MHRA debate on the issue of making the Pill available OTC voted in favour of a possible switch.

And why shouldn't they?

Pharmacists – rightly recognised as the medicines experts – have already won the right to prescribe independently, so why shouldn't they be allowed to supply the Pill OTC?

We have all been in the position of having to refer patients to a GP because the request for a POM didn't constitute an emergency. Such situations do not always help the patient nor do they do much to promote pharmacy's public reputation.

C+D's Pharmacy Champions series has highlighted pharmacists and their staff excelling at a range of patient-centred services. Over 500 people per month use the EHC service provided by this week's Champions and they have also conducted more than 4,500 diabetes screening tests since 2003.

Do our paymasters need any more proof that pharmacists can deliver services that are liked by patients?

Why shouldn't pharmacists be allowed to supply the Pill OTC?

Your views

Actions speak louder than words

The CCA's Georgina Craig summarises the organisation's perspective on community pharmacy's key challenges

Everyone agrees that pharmacists have unprecedented opportunities to develop their clinical roles to their full potential. The next challenge is to realise that potential, to do this quickly will require brave political decisions that will test government's resolve to support the profession.

Unless pharmacy attracts sustainable funding for new professional services, new roles will not develop. Funding has to come from existing NHS budgets, and the CCA believes a national contractual framework is the most cost effective and efficient way of making progress.

The introduction of nationally directed (advanced) services that address primary care trusts' (PCTs) national public service agreement (PSA) targets would send a strong signal to NHS commissioners that government is serious about pharmacy's future as a clinical service provider. We know government is happy to 'commission' general medical services (GMS) centrally, using directed enhanced services when it suits. Pharmacy needs to articulate the strong rationale for a menu of national advanced pharmacy services, citing the undisputed evidence from GMS that where there is a strong case for a service and it is needed across all PCTs, national commissioning through a national contract is a proven and a rational approach. With an election not far away, government wants to see quick results. This makes the development of advanced services a high profile, politically expedient solution as well.

At local level and within DH policy, there is still a lot of confusion about how commissioning will pan out; and where the balance of power will rest in reality. With significant reorganisation still under way within PCTs, the dust is unlikely to settle for some time. But one thing is needed at local level and needed quickly – greater collaboration between general practice and pharmacy – whether in the context of practice-based commissioning or simply with a focus on improving patient care.

The CCA believes this collaboration will happen more quickly if there are incentives for professionals to work together. To drive this, we have proposed a neat solution to an age-old problem – using the GMS quality and outcomes framework (QOF) to reward joint working. Government knows that it has a powerful tool in the QOF, the question is whether it will use it to shape the way pharmacists and GPs should work together moving forward.

Enabling pharmacists and GPs to communicate with each other electronically is also essential. Email allows organisations separated by time zones and oceans to work together without individuals ever meeting. GPs and pharmacists may be just streets apart, but being able to email each other would go a long way to addressing the continuing barriers to communication. If government is serious about making progress it will address this issue, which apart from anything else is essential to safe medicines use. There is no excuse. The profession wants this connectivity, and continues to lobby for it. It is over to the politicians to make it happen.

Pharmacy is often accused of not having strong leadership, but the All-Party Pharmacy Group inquiry saw the profession's national leadership present a well articulated, joined up approach. The pharmacy bodies have told government what needs to be done to address the barriers that pharmacy faces; the question remains, will the politicians now act?

Xrayser

Topical Reflections

Crazy and crazier

People are strange, said Jim Morrison many years ago. And that fact is just as true today as it was when it was set to music in the 1960s. Some folk are strange, some are just lonely, and quite a few are downright odd. A prescription grants them all free entry to my pharmacy.

I chose to be a pharmacist rather than a servant because my ideal was to become a scientist, recognised for my clinical expertise rather than an ability to deal with the more eccentric members of the public. I certainly didn't want to have to cater to the messy dysfunctionality of the general public.

As my role extends in every conceivable direction and I'm yanked from pillar to post on the way to what I hope might be my true vocation, I find myself getting dragged down by people who want a servant rather than a pharmacist. I'm increasingly the last resort for people who have been deserted by everyone else in society.

I thought medicines management was supposed to be an academic discipline. My patients think it involves everything from ordering and delivering their prescription to putting the tablet in their mouth while listening to how rude the postman was to them this morning. I'd love to be as blunt as the postman, only I'm worried what the infringement committee would say.

As drunks exhale alcohol fumes over me while asking me to look at their athlete's foot, and 25-stone women ask me to fit their compression hosiery, I smile sweetly while inwardly muttering obscenities about the Code of Ethics.

I am able to draw the line at checking stool samples and cleaning festering wounds because it is within my remit to refer these cases to a fellow healthcare professional. But who else will tend to the old lady who wants all her tablets put back in their bottles after they "fell out" into her cat litter tray? Is this an extended role or just taking advantage of my good nature?

I've heard that people can act as a mirror for oneself and perhaps I'm as crazy as anyone for working here. Pass me the neuroleptics someone.

Out-of-hours out of the question

Of course patients would like us to offer extended hours (C+D, February 3, p7). But then they'd also like to receive a free gift with every prescription if they had the choice.

I'm all in favour of out-of-hours services if they are commissioned to meet a genuine local need, but my working day is too long already and I won't consider opening late because it is more convenient for a handful of people who have 'busy lives'. If these busy people spent less time completing surveys they would have more time to visit their pharmacy.

If GP surgeries did close at some point during the day in order to open late there would be more complaints than under the existing system. I also believe that surgeries closing for a couple of hours during the day would reduce access, particularly for the sick and elderly, not improve it.

And what are 100-hour pharmacies and supermarkets for anyway? That's where the busy people should go.

CD

Hospital Report

Fighting fit in a time of pandemics

I have seen a few articles now on pandemic influenza. Everyone is gearing up for it as such a pandemic is now overdue.

Various levels of contingency plans now exist. There are national, regional and local plans which should, hopefully, match up with each other.

Many of the plans stress the importance of the pharmacies in the area as backup for other health professionals such as GPs. All this is fine, but I am left wondering if there is not an assumption in some of these plans that pharmacists will somehow miss the infection and be fighting fit the whole time.

How likely is this? In the front line for the provision of cold and cough remedies, community pharmacies are the obvious first port of call if someone is starting to feel rough.

Patients sneezing and coughing at the front of the shop are an obvious risk to all around them – including pharmacy staff.

Is there an assumption in some of the plans that pharmacists will somehow miss the infection and be fighting fit the whole time?

Hospitals are unhealthy places at the best of times. It is likely that many people will be hospitalised during a pandemic, so it will be a great source of infection. Since most deaths are attributable to *Staphylococcus aureus* pneumonia, rather than the influenza, those hospitals with MRSA problems are going to be extremely busy.

It is stated that 'front line healthcare staff' will be eligible for vaccination when the pandemic hits. There is no doubt doctors and nurses will be first in line, but I hope that the powers that be recognise pharmacy as such. Will any action reflect the rhetoric?

Written by a senior hospital pharmacist

Pharmacy Champions

Pharmacists leading the way

Names
Imreen Hussain and John Gibson

Pharmacy
Lloydspharmacy, Fallowfield, Manchester

What have they done?
They offer a free sexually transmitted infection screening service and diabetes screening

What have you set up?
"We offer the STI screening service in conjunction with our PCT," says John Gibson. "Originally we offered it to patients coming in for EHC (around 500 a month), however we are now rolling it out to anyone under the age of 25."

Patients are first offered a test for chlamydia. If that comes back positive, the patient can be treated in the pharmacy under a PGD using the antibiotic azithromycin. Those with a positive chlamydia test are also offered a test for gonorrhea. They may then be referred to the local hospital for a full sexual health screening.

The pharmacy also works with patients to help trace any other sexual partners they may have had in the previous six months.

"The diabetes screening service started in 2003," says Imreen Hussain. "We have now conducted more than 4,500 tests."

Were there any difficulties?
"Not really as we have the full support of the PCT. We had to rearrange work shifts to ensure adequate cover while those who would be overseeing the STI tests did their two days' training on the PGD at the hospital," says Mr Gibson.

Because the pharmacy is open every day until 10.30pm, there must always be trained staff on duty.

How have the locals reacted?
"They've reacted well. Over the past 12 months we've undertaken about 150 chlamydia tests. The fact that the PCT has asked us to extend it to anyone under the age of 25 is also testimony to its success. Feedback from local GPs and family planning clinics has also been positive," explains Mr Gibson.

"The flexibility of our opening hours has increased the take-up of the diabetes testing," says Ms Hussain. "It has also boosted customer loyalty and helped raise our profile in the community."

Any advice for others?
First of all, say Mr Gibson and Ms Hussain, talk to your PCT. Set strict protocols and SOPs.

"Staff need to be well trained – not just in clinical matters, but also in how to handle what can be an embarrassing and upsetting subject for many, particularly when personal information about previous sexual partners is needed," says Mr Gibson.

"Build relationships with the secondary health agencies in your area and let them know about the services you are offering. Consider how you will promote the services – we were able to get posters printed by the NHS."

Would you do anything differently?
"The diabetes screening is run on a national scale by Lloydspharmacy and it's brilliant in that it is free for everybody," says Ms Hussain. "However, such a blanket offering means that anyone can come into the pharmacy for a test, and each takes time. If this was independently run, I would consider only screening those with symptoms of diabetes, or those at particular risk. However, not everyone presents symptoms, so I'm glad that I can offer the test to anyone."

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Your views
Make your voice heard

In response to the C+D feature on the potential reform of control of entry (CoE) regulations following the Department of Health (DH) review (C+D, January 27, p10) I would, on behalf of UniChem's independent customers, like to offer some further insight into the situation. I feel this must be taken into account if the reform planned for March is to generate real positive outcomes both for the profession and patients.

In September 2006, customers attending the UniChem Convention in Rio de Janeiro were able to present their opinions to the All-Party Pharmacy Group Enquiry into the Future of Pharmacy. The meeting, attended by MPs Howard Stoate and Sandra Gidley, addressed a number of fundamental issues. Current CoE regulations, and their effect on existing pharmacy businesses, generated some strong responses.

The meeting showed independent pharmacists acknowledge the 2005 review has increased patient access to pharmaceutical services. But it is also clear there are concerns relating to the impact 'the balanced package of measures' is having on the market. The general consensus was that further measures and incentives are required to encourage further development of the provision of services. This is particularly pertinent in deprived areas where patient access is limited and other socio-economic factors increase the benefit of pharmacy service provision.

UniChem customers also expressed continued concerns over increasing applications for 100-hour contracts around major population densities. In the medium to long-term, independent pharmacists feel this could potentially impact on the viability of a number of established pharmacies. The increase is impacting on the availability of pharmacy resources, to the detriment of certain community pharmacies struggling to maintain existing service provision. This is particularly a problem at peak holiday times when demand for locum resources is traditionally high and they may also be required to cover pharmacists who are active in providing advanced and enhanced pharmacy services.

Essentially, UniChem customers believe any further move to deregulate or relax the 100-hour exemption will further compound these problems. Most worryingly, any such move may result in a negative impact upon patient care due to a dilution in the pharmacy market, with the potential risk of some pharmacy businesses becoming unviable. Let us not forget it is these established pharmacies currently providing a range of essential and advanced services required under the community pharmacy contract. These pharmacies are also ideally placed to provide the government's enhanced patient service agenda.

As we are all acutely aware, the world of pharmacy is undergoing considerable change and there remains some uncertainty about how the profession will evolve. The DH's call for a further review of CoE has at least acknowledged a need for some scrutiny around professional regulation and representation. The DH needs to ensure any changes do not impact on what we know to be a well-distributed, efficient and well-received service to patients.

> Any further CoE review can strike a more measured balance...

I hope these views, which have come from the front line of pharmacy, are carefully considered by the DH and any further CoE review can strike a more measured balance between the needs of the patient and continued viability of pharmacy businesses.

Chris Martin, non-executive director, UniChem, and chairman of the UniChem customer forums

C+D Clinical

Are you looking at me?

How to perform physical assessments in a pharmacy

Paul Rutter

Pharmacists need to improve their diagnostic abilities as more effective medicines become available off-prescription and patients move towards self-care.

The phrase 'responding to symptoms', coined in the mid-1980s, has now become synonymous with what is, in effect, a triage service for GPs where pharmacists make differential diagnoses. Minor ailment schemes are now one of the most common enhanced services under the new contract. More patients are consulting a pharmacist, while the number of GP consultations for minor ailments is slowly falling.

Arriving at a diagnosis is a complex decision and in medicine is based on three kinds of information: patient history, physical examination and the results of investigations. Currently, physical examination and diagnostic tests are almost never used in community pharmacy. Pharmacists rely almost exclusively on questioning patients to elicit information to arrive at a differential diagnosis.

While studies have shown that taking an accurate history of the patient is the most powerful diagnostic tool, performing a physical examination does improve the odds of a correct diagnosis. Basic physical assessments should therefore be something pharmacists routinely undertake, where appropriate.

Within the confines of a community pharmacy, the type and extent of physical examination is naturally limited, and most pharmacists will have received no formal training. But these barriers do not stop pharmacists from performing some basic, yet essential, assessments that will make a correct diagnosis more likely.

What should be considered?

The first phase of a physical assessment begins the moment you start talking to the patient. Most pharmacists will probably do this at a subconscious level. What is important is to bring this to the conscious level and build it into your consultations. Many visual clues will be apparent if you actively look for them. Much is made of non-verbal communication

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and with good cause. Table 1 highlights some of the areas that should be considered on initial contact.

Performing an assessment

Before undertaking any assessment it is essential to inform the patient of your intentions. Patients will not be used to pharmacists wanting to examine them, so it is vital that you explain what you want to do and get their consent. The procedure should be explained in sufficient detail to allow the patient to make an informed decision as to whether they are happy for you to proceed. To date, I have never had a patient refuse to be examined except when viewing a particular skin rash has been impractical.

For most examinations this can be conducted on the shop floor of the pharmacy away from other customers and patients. Using the consultation room is usually unnecessary and may make patients uneasy, although giving the patient the choice is good practice. If the consultation room is used then it might be useful to draw up a standard operating procedure on chaperones.

The Pharmaceutical Services Negotiating Committee has (November 2006) issued a briefing on chaperones that can be accessed via its website (www.psnc.org.uk). PSNC recommends that every community pharmacy with procedures that may involve physical contact with patients or consultations in confidential areas should consider having a chaperone policy in place for the benefit of both patients and staff.

Physical assessments that are easily performed in the pharmacy and will help with diagnosis are oral and ocular examinations and inspection of skin problems. Auriscopical examinations can be performed, preferably with an instrument intended for the purpose, but do require some training.

Table 1: First phase of physical assessment

Approximate age	• In many conditions the epidemiology has an age-related component. Knowing the age will help narrow down the number of conditions that need to be differentiated from one another.
What is the overall appearance of the patient?	• Check for alertness, mood and behaviour. For example, is the person making eye contact? Does their demeanour suggest they are happy, sad etc? • Look out for signs of embarrassment (especially common for intimate symptoms, eg vaginal discharge, rectal symptoms).
Physical appearance	• Is the patient overweight or showing signs of cigarette smoking? These may be contributing to symptoms or there may be opportunities for health promotion. • Are there any signs of confusion, pain or systemic illness? For example, does the patient look well or poorly? He or she may have a self-limiting condition such as viral cough, but look for marked systemic upset requiring referral.

Panel 1: How to perform an oral examination

1. Explain to the patient what you want to do and why you want to do it. Oral lesions tend to be caused by minor aphthous ulcers, thrush or trauma. Each present with different size and shaped lesions, and their appearance is usually so characteristic as to lead to diagnosis by appearance alone.
2. Performing a simple oral exam should mean you do not physically touch the patient but before you begin you should wash your hands.
3. The patient can be seated or standing but, as the examiner, you should be at the same level as the patient.
4. Ask the patient to open their mouth wide to allow the lesions or problem areas to be examined. Using a tongue depressor makes inspection of the buccal mucosa easy but is not essential.
5. Once this has been checked, inspect the rest of the oral cavity for any other ulcerated or sore areas of the mouth. Do not assume that the only area affected is the one about which the patient has complained. To view the floor of the mouth and underside of the tongue, ask the patient to curl the tongue towards the roof of the mouth. To visualise the lower gum and gingiva you can ask the patient to pull down their lower lip to make inspection easy and avoid you having to touch the patient.
6. Once you have finished the oral examination, wash your hands again.

An article on oral lesions and their treatment appeared in C+D, Pharmacy Update, October 21, 2006, p23-26. Go to www.dotpharmacy.com/up1383.pdf

Oral examinations

The mouth should be inspected in any patient presenting with an oral problem. Oral lesions are best inspected with a good light source – a small pen torch is adequate. The basic steps involved are shown in Panel 1 (left).

If the patient presents with sore throat, inspect the pharynx too. Follow steps 1 to 4 outlined in Panel 1 and ask the patient to say "ah" or yawn. This action should allow you to see the pharynx well.

When examining the throat pay particular attention to the fauces and tonsils. Are they red and swollen? Is there any exudate present? Is there any sign of ulceration? Ulceration and presence of large amounts of exudates warrant referral.

Eye examinations

When people ask for advice on ocular symptoms or want to purchase a product it is invariably the patient who makes the request. This gives the pharmacist the opportunity to inspect the eye.

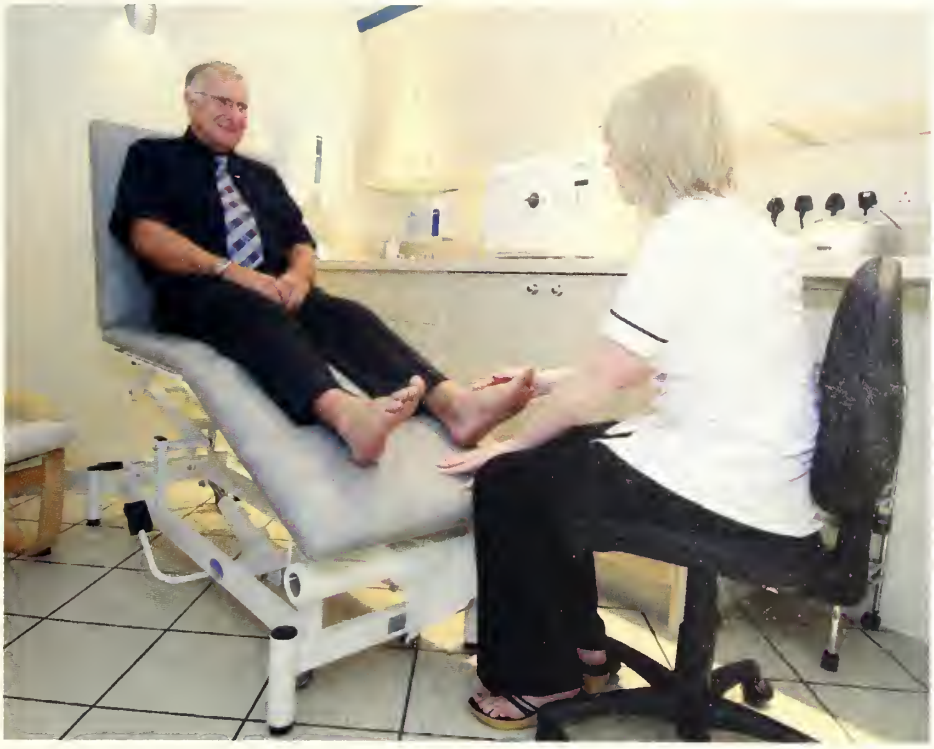
Peering from behind the counter at patients and noting they have ocular redness is not enough. After taking a detailed history, examine the eye using the basic steps in Panel 2 (right).

Dermatological examination

An oral description of what a rash looks like is notoriously difficult. The usual patient response is that the rash is red, itchy or angry looking. It is much better to see the rash, as the size, shape and appearance will provide many clues as to its origin. Very few skin conditions are infectious so there is no need to be afraid of touching a patient's skin. The basic steps involved are in Panel 3 overleaf.

Panel 2: How to perform an occular examination

1. Explain to the patient what you want to do and why you want to do it. Performing a basic eye exam will require you to be in close contact. You will also need to manipulate the lower eyelid and shine a light into the eye.
2. Wash your hands before performing the exam.
3. The patient can be seated or standing but, as the examiner, you should be at the same level as the patient. Ask the patient to look straight ahead.
4. Gently pull down the lower lid and ask the patient to look upwards and to both the left and the right; this allows the conjunctiva to be examined.
5. Using a pen torch check the pupils' reaction to light. Briefly shine the light onto the eye and look for constriction of the pupil. Any abnormal pupil reaction should be referred.
6. Check visual acuity by asking the patient to read small print with the affected eye. This is easily done by getting the patient to cover the unaffected eye with a hand. Visual disturbances such as blurred or double vision should be referred.
7. Perform steps 3 to 6 for both eyes, even if the patient complains about involvement in one eye only.
8. Wash your hands after the exam.



Panel 3: How to perform a skin examination

1. Explain to the patient what you want to do and why you want to do it. To view skin lesions this may well necessitate the patient having to remove some clothing. The use of the consultation room in these cases would be most appropriate. See comments on chaperones earlier in the article.
2. Wash your hands before performing the exam.
3. Assess the location and distribution over the affected areas. For example, do they involve the exposed surfaces or skin folds? Look at the pattern of involvement of the skin. Many skin diseases have a 'typical' or 'classic' distribution. For example, psoriasis is usually on elbows and knees, and lichen planus involves the limbs first before moving on to the trunk.
4. Observe what the lesions look like. Are they arciform, linear, annular or clustered? Are the lesions raised, flat or vesicular? For example, tinea corporis infection usually presents as an annular rash and chicken pox is classically associated with vesicles.
5. Check the skin temperature by using the backs of your fingers to make the assessment. This should enable you to identify generalised warmth or coolness of the skin, and note the temperature of any red areas. Generalised warmth may indicate fever whereas local warmth may indicate inflammation or cellulitis.
6. Wash your hands after the examination.

Continuing Professional Development CPD

Reflect

How closely do you examine someone who asks for advice about a medical condition? Do you rely exclusively on what they tell you about their symptoms? Should you give them a more structured physical assessment?

Plan

If you think you should do more in the way of examining patients, this article gives advice on the physical assessment of eye, oral and skin symptoms. Plan how you might incorporate these assessments into your advice on minor ailments.

Act

- Make sure you have a suitable area in your pharmacy for physical assessments.
- If you are using a consultation room, draw up a standard operating procedure on the use of chaperones.
- Read the PSNC Briefing on Chaperone Policy (www.psnc.org.uk). This gives a sample policy and sample patient notification, as well as discussing who might act as chaperones and their training.
- Find out more about physical assessments by reading the publications suggested at the end of the article.
- Look on the British Association of Dermatologists' website to familiarise yourself with symptoms of common skin ailments (www.bad.org.uk).
- It has been said that the benefit of being a pharmacist is that you can treat patients without touching them. How do you feel about this? Discuss this with colleagues. Practise on friends and family so you feel confident about conducting physical assessments.
- If you have never done physical assessments before, take a record of the first 10 or so. Did your advice differ from the advice you might have given had you not examined the patient? Did you learn something you might not have learned?

Evaluate

Do you now feel more confident about doing physical assessments in the pharmacy? Have examinations proved worthwhile, based on the last action point?

Practise on friends

Physical assessments will improve the chances of arriving at the right diagnosis. Those outlined in this article are simple, quick and involve minimal patient contact. Before undertaking assessments it is best to practise the procedures and rehearse the information you relay to the patient so that you are comfortable performing them. Try them out on friends, family and colleagues first. Personal experience has shown that patients appreciate and value this extra involvement when trying to provide the best possible care.

Guided reading

Bates's Guide to Physical Examination and History Taking. Lippincott, Williams and Wilkins. ISBN 0781767180

Assessment Made Incredibly Easy! Springhouse. ISBN 1582553912

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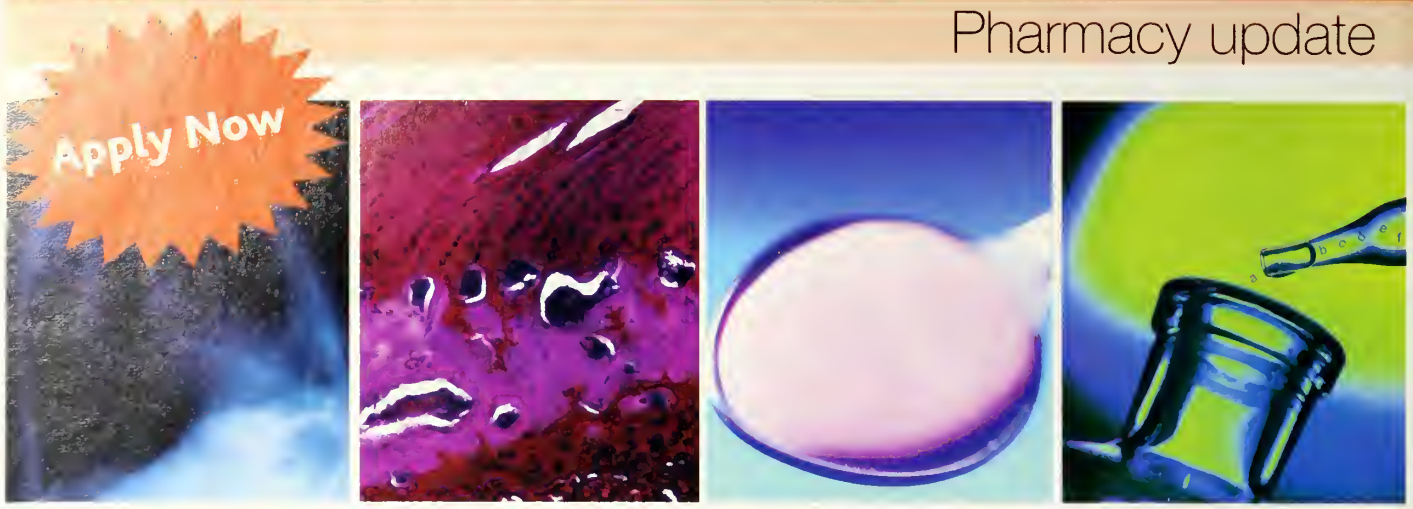

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Best treatment for PCOS unclear

Lack of evidence makes it impossible to tell whether oral contraceptives or insulin-sensitising drugs such as metformin should be the treatment of choice in polycystic ovary syndrome, according to a newly-released Cochrane review.

The syndrome is characterised by both metabolic symptoms and hormonal symptoms, so doctors could theoretically treat either pathway.

Cochrane reviewers found six randomised controlled trials that compared metformin with oral contraceptive drugs alone or use of the two in combination.

There did not appear to be any difference between metformin or oral contraceptives for treating hirsuitism.

In addition, there was not enough data on the relative effectiveness of either drug for preventing the development of diabetes, cardiovascular disease, endometrial cancer or for the treatment of acne in such patients.

However, metformin was less effective than oral contraceptives in improving menstrual pattern.

For more information:
Cochrane Database of Systematic Reviews 2007, Issue 1

Study shows doctors lack drug concentration knowledge

Researchers have called for the standardisation of ampoule labels to mass concentration, after a study showed doctors struggle to calculate drug doses.

They said the step would particularly benefit GPs, who do not regularly need to administer medications such as adrenaline, lidocaine or atropine.

The team from the Cambridge and Warwick University team also warned that better training is needed for medical students in drug administration skills, especially as the clinical pharmacology curriculum becomes more complex.

An online questionnaire on drug-dose calculations, such as calculating the amount of adrenaline in a vial, was answered by 3,000 doctors.

Medical students and doctors working in the community struggled most with the calculations.

Removing ratio and percentages from ampoule labels would make drug administration safer, they conclude.

"Infrequent users of these drugs seem more likely to be confused by the way that their strengths are expressed, reinforcing the argument for ampoule labels to be standardised to mass concentration," the team concluded.

For more information:
International Journal of Clinical Practice 2007; 61: 189-94

A Practical Approach...

David Spencer, the pharmacist at the Update Pharmacy, has deputed his pre-registration trainee Julia O'Reilly to deal with requests for emergency hormonal contraception as part of her training, acting within a protocol.

She has just begun interviewing a woman in her 20s who has asked for the "morning-after pill" at the medicines counter.

"I expect you understand that I need to ask you some questions before I can sell you the morning-after pill? It's just to make sure that it's safe and not too late for you to take it, and that you're not already pregnant."

"Fine," replies the woman. "But I can tell you straightaway that I'm not pregnant."

"Okay." says Julia. "The first thing I need to ask, then, is if it's for you?"

"Yes, it is."

"And, can you tell me how long ago you had unprotected intercourse, because if it's more than 72 hours the pill is unlikely to work?"

"I haven't had intercourse, protected or unprotected, for quite a while now," the woman replies. "I'm not currently in a relationship. I actually want the pill because I'm going on an 18 to 35's holiday, and it's just in case I get a bit carried away after a few drinks and, you know..."

Julia is rather taken aback. "Oh. I don't think we're allowed to sell it for that reason," she says.

"Why, on earth not?" retorts the young woman. "I would have thought that's partly what they're for."

Julia is confused. "I think I'd better ask the pharmacist about this," she says.

Questions

1. Can Julia supply EHC in this circumstance?
2. Are there any implications for julia or David if the supply is made?

CPD

This article can help in the following CPD competencies: G1h, C2a. See www.tinyurl.com/194zu

A Practical Approach... this week's answers

1. Yes. When EHC was first reclassified from POM to P, the Society's guidance advised pharmacists against supplying in advance of need. However, in December 2006, following support given to supply for this reason by the BPAS and Marie Stopes, the RPSGB changed its stance. It now says pharmacists can supply EHC in advance of need, but must take into account the clinical appropriateness. So, if there are no contraindications in this woman's case, a supply could be made. But the Society's advice that proper long-term contraceptive precautions are always preferable remains unchanged.
2. The marketing authorisation for Levonelle One-Step does not preclude supply in advance of need. David would therefore be supplying within the licensing conditions and would not have to assume personal responsibility in these circumstances. Presumably the protocol Julia is working to stipulates that in cases of doubt she should refer to the pharmacist, and having done so she also has no personal responsibility.

In brief

The RPSGB has given the thumbs up to making the asthma treatment omalizumab available on prescription. It told a Nice technology review the treatment should be prescribed for patients who satisfy the SPC indications, and suggested it could be limited to patients with a documented FEV_1<65 per cent predicted, and who were at high risk of fatal asthma.

The SPCs for Allen & Hanbury's MDI and dry powder 100m g fluticasone-50m g salmeterol combination inhalers have changed to include an indication for initial treatment of patients with moderate persistent asthma with daily symptoms, daily use of reliever inhalers and moderate to severe airflow obstruction.

The marketing authorisation for the type 2 diabetes treatment pioglitazone has been extended to include its use in combination with insulin. The European Medicines Agency has announced that it can be used in patients who are not adequately controlled on insulin alone and for whom metformin is inappropriate because of contraindications or intolerance.

Taking folic acid supplements of at least 400mcg a day during early pregnancy reduces the risk of cleft lip, a Norwegian case-control study has reported. In addition, a diet rich in fruits, vegetables and other high folate-containing foods without supplements was associated with a 25 per cent reduced risk. For more information see British Medical Journal early online: January 26, 2007.

Allergic reactions to hair dye are on the increase, say dermatologists writing in the BMJ. Para-phenylenediamine and related compounds, which are contained in two-thirds of hair dyes, and increasing use of the products especially among young people are to blame. Allergy UK advises people to follow packaging instructions and to do a skin test.

Consultation competencies are defined by NPC Plus

The National Prescribing Centre has published a set of patient consultation competencies for use in training and continuous professional development.

Produced by the Medicines Partnership Programme at NPC Plus, A Competency Framework for Shared Decision-Making with Patients outlines the requirements in eight key areas: listening, communicating, context, knowledge, understanding, exploring, deciding and monitoring.

The NPC will use the document for training and hopes that health professionals including pharmacists will make it part of their CPD.

NPC Medicines Partnership Programme assistant director Dr Wendy Klyne said the multi-discipline document showed how relations between professionals and patients could be improved, and would underpin the training of health professionals in the future.

For more information:
http://tinyurl.com/37pkxh

OA pain relieved by glucosamine

Glucosamine supplements made from the shells of crabs, lobsters and shrimps may be as effective as simple analgesics in controlling pain in osteoarthritis, according to a new study published in the journal Arthritis & Rheumatism. Conducted by researchers at the University of Madrid, the randomised placebo-controlled double-blind study of 318 patients found that 1,500mg of glucosamine daily was as effective as paracetamol and clearly preferable to placebo.

Glucocorticoids cut erosions in RA

A new Cochrane review has added weight to the view that glucocorticoids used in the management of rheumatoid arthritis reduce disease progression.

Glucocorticoids are widely used to treat RA symptoms, but evidence suggesting they may have a disease-modifying effect is emerging.

The review, covered 217 citations dating from the mid-1960s, revealed that all the studies except one showed a numerical treatment effect in favour of glucocorticoids.

The researchers concluded that, even by the most conservative estimates, glucocorticoids given in addition to standard therapy substantially reduced the rate of joint erosion.

For more information:
Cochrane Database of Systematic Reviews 2007, issue 1

A Practical Approach...last week's answers

1a) *Drugs returned by or on behalf of patients:*
• Pharmacies can accept for safe destruction and disposal CDs returned from patients in their own homes and from care homes providing personal care; they cannot accept returned drugs from care homes that provide nursing care (in Scotland returns can be accepted from all care homes).
• Returned drugs cannot be re-used and SOPs must be in place for recording schedule 2 CDs returned by patients.
• Drugs must be destroyed as quickly as possible, to avoid storage problems and increased security risks, but no set period is laid down.
• At present, destruction does not have to be witnessed, but it is good practice for another member of staff to do so.
•Records of destroyed drugs should be kept for seven years (see point 2 below.)
b) *Out of date etc, CD stock:*
• Stock can only be destroyed in the presence of an authorised person, normally the Royal Pharmaceutical Society inspector or somebody appointed by the local NHS primary care organisation.
• Details of destroyed stock must be entered in the CD register, with the following details: name, form, strength, quantity, date of destruction, and signature of authorised person witnessing.
c) *Methods of destruction:*
• Stock awaiting destruction must be kept in the CD cupboard, segregated from current stock and clearly marked.
• All drugs should be disposed of in a safe and appropriate way, and placed in appropriate waste containers to await collection after being rendered irretrievable, preferably using CD denaturing kits. They should not be disposed of in the sewerage system.
2. RPSGB Guidance for Pharmacists on the Safe Destruction of Controlled Drugs; England, Scotland and Wales. December 2006. www.rpsgb.org/pdfs/cdsafedestructionguid.pdf

Countdown to detox heaven

Arkopharma has extended its offering with the launch of 4.3.2.1 Performance Detox.

The product is designed to help people kick-start healthy lifestyles or slimming regimes, says the company.

It contains eight herbs to activate, purify and detox the body and two to eliminate excess water and prepare the body to lose weight.

Positioned as a premium product, 4.3.2.1 Performance Detox is supplied in packs of 10 15ml mini bottles. One bottle should be taken each day.

It can be used in conjunction with 4.3.2.1 Shape Up and Detox liquid or 4.3.2.1 Day & Night capsules.

Supporting the launch, PR activity is scheduled for the first half of this year. Point of sale and consumer information materials are available.

Product info:
Arkopharma
Tel: 020 8763 1414

Price: £14.99
Pip code: 325-7045

Dove caters for the mature

Dove Pro Age is a new range targeting women aged 45+.

Designed to meet the beauty needs of mature women, the range spans skincare, haircare and deodorant products.

The skincare variants provide hydration and nourishment to improve the skin's appearance while the body lotion further offers SPF5 to reduce sun damage. The shampoo and conditioner are said to give extra fullness and thickness to the hair.

Supporting the range, Unilever is spending £12 million on promotional activity including TV and press advertising and PR during the first quarter of the year.

Prices: from £1.69 (50ml roll-on deodorant) to £6.99 (100ml neck and chest serum)

Product info:
Unilever
Tel: 020 8439 6100

One Anadin is all it takes

Anadin has begun a £4 million media support campaign for its Ultra Double Strength capsules (400mg ibuprofen). TV ads are running this month with further bursts planned. Women aged 35+ are the key target audience for the campaign.

Back and joint pain are primary indications.

Product info:
Wyeth Consumer Healthcare
Tel: 01628 669011

Burning relief from LPC Medical

Ranzac tablets are now available from LPC Pharmaceuticals in packs of six and 12. Each film-coated tablet delivers 75mg ranitidine, providing relief for up to 12 hours.

The GSL product is indicated for relief of heartburn, acid indigestion, indigestion and excess acid, says LPC Medical.

Price and Pip codes: £1.99/6, 277-1152; £3.75/12, 323-0273

Product info:
LPC Medical
Tel: 01582 560393

Products in brief

New logo for Cedar

Cedar Health is changing its logo to reflect its new status as the personal healthcare team of the Bio-Stat Healthcare Group. The move follows Bio-Stat's takeover of Cedar in 2005. Alongside, the company is branching out with two brand acquisitions: Otosan ear candles and, due to relaunch next month, Nasaleze allergy spray. Cedar Health, tel: 0161 483 1235

Go for goji

Goji berry capsules are newly available from Power Health. Also known as wolfberry or lyceum fruit, the goji berry is the latest superfood, according to Madonna and Liz Hurley.

Goji berries are said to be rich in vitamin C, iron, antioxidants and B vitamins. The capsules are suitable for vegetarians, do not have the acquired taste associated with juice or dried berries and boast a long shelf-life, says Power Health. Price: £5.99/30, Pip code: 326-4769. Power Health, tel: 01759 302595

Rose hips and joints

Jointcare supplement LitoZin is enjoying increased demand since recent press coverage and PR activity raised the product's profile, reports Lanes.

The PR driven marketing strategy for the rose hip brand has paid dividends, with stories appearing in national daily newspapers including The Daily Telegraph, Daily Mail and The Times.

Online, a prize draw is running this month in conjunction with Saga for the chance to win a spa break in Madeira and a year's supply of LitoZin.

Small scale clinical trials have found the product brings relief to sufferers of osteoarthritis without causing side effects. Further work is under way, studying its effects on rheumatoid arthritis. The active ingredient works by inhibiting neutrophil migration, says Lanes.

Point of sale and educational materials are available.

Product info:
GR Lane Health Products Ltd
Tel: 01452 524012
www.litozin.co.uk

Bigger Bio-Oil makes TV splash

Skincare brand Bio-Oil has launched a new product and unveiled a £2.5 million TV ad campaign, which begins on February 26 and runs for four weeks on ITV1, Channel 4, five and satellite channels. A further £1m has been allocated to print advertising.

The new product is a 200ml variant, which joins the 60ml and 125ml pack sizes on shelf.

Bio-Oil is said to improve the appearance of scars and stretch marks, and to improve skin tone, nourish ageing skin and moisturise dry flaky skin.

It is a rapidly absorbed 'dry' oil that leaves no oily residue on the skin.

Price: £19.95/200ml
Pip code: 325-5270

Product info:
Keyline Brands
Tel: 020 8893 5333

Timely reminder from Exorex

Exorex manufacturer Forest wishes to remind pharmacy staff it has a range of patient leaflets available on the subject of psoriasis.

The prompt comes after a study funded by the Psoriatic Arthropathy Alliance (PAA) found 86 per cent of psoriasis sufferers questioned wanted to see more information about the condition.

Three pamphlets are available: Understanding Psoriasis, Psoriasis and How to Treat it, and Getting the Best Results from the Exorex Management System.

The leaflets can be ordered from Forest, the PAA or the Psoriasis Association.

Product info:
Forest Laboratories
Tel: 01322 558776
www.psoriasis-association.org.uk
www.psoriasis-uk.org
exorex@forest-labs.co.uk

Cow & Gate balances baby

Cow & Gate has launched Baby Balance – a three-step range of food that the company says develops according to a baby's needs.

The range contains 60 recipes, including sweet potato bake and spaghetti bolognese, and the company says the products have been taste tested by more than 4,000 babies.

The launch of the Baby Balance range is supported by a multimillion pound campaign, which includes TV advertising at peak time starting on March 23 and running throughout April. The TV campaign will continue for the rest of the year on an on/off schedule.

Cow & Gate is also targeting the parenting press and retailer baby clubs.

Product info:
Nutricia
Tel: 01225 768381

Feet and legs on the move

Potter's has expanded its product portfolio with the acquisition of the Efasit range from German company Togal-Werk. The seven-strong range includes Power Freshening Crème with deodorant, antiperspirant and antifungal action for feet; Deep Care Gele to stimulate and condition overworked feet; and a Super Relaxing leg lotion.

Price: from £2.99 to £3.55

Product info:
Potter's
Tel: 01942 219960

Products advertised on TV next week

Clearblue

Anadin Ultra Double Strength: All areas
Astral: five, GMTV, Sat
Buscopan: C4, five, GMTV, Sat
Covonia: five, GMTV, Sat
Cura-Heat Irritable Bowel Syndrome: C4, GMTV, Sat
Cura-Heat Period Pain: C4, GMTV, Sat
DenTek: GMTV
DulcoEase: C4, five, GMTV, Sat
Lanacane: All areas
Milton: All areas except five
Seven Seas Cod Liver Oil: GTV, GMTV, Sat
Voltarol Emulgel P: All areas except GMTV
PharmaSite for next week: Nurses – Windows, **Nurses** – In-store, **Anadin** – Dispensary
Pharmacy channel: Anadin Ultra

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

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It's got to be worth your while.

Welcome to Accumulator, a discount scheme that starts from the very first pound you spend and builds with steps of only £250. The top rate is 25% for orders of £2500 a month, but whatever you spend, it's easy to take advantage – there's no tedious paperwork, just money in the bank. That's how to buy generics.

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HOW TO BUY GENERICS

To find out more about Accumulator call us on 0800 731 0370 or email accumulator@actavis.co.uk

Category M: two years on

Love it or hate it, category M is here to stay but how does it actually work? Mike Dent finds out

Category M was introduced into the Drug Tariff in April 2005, on the introduction of the new community pharmacy contract in England and Wales. With the second anniversary of category M fast approaching, it is a good time to consider how it works, what it is meant to achieve and what the future may hold.

The key points about category M are as follows:

- Category M is used to adjust the reimbursement prices of more than 500 medicines.
- It uses information gathered from manufacturers on volumes and prices of products sold plus information from the NHSBSA Prescription Pricing Division on dispensing to calculate margins in the supply chain.
- It is normally adjusted on a quarterly cycle in light of this information and negotiations with PSNC.
- As prices have to be set in advance each quarter, estimated volumes are used which may differ from actual volumes. However, the built in correction mechanism ensures that the quarterly adjustments account for any over or under recovery in practice.
- It is closely monitored by PSNC to ensure that the scheme operates correctly and to identify anomalies. Regular feedback meetings are held with the DH.
- It is the principal price adjustment mechanism to ensure delivery of the purchase profit income promised as part of the new pharmacy contract.

Pricing issues

One problem that can arise is products not being available to purchase at the category M reimbursement price. The Department of Health sets category M prices at levels substantially above the prices notified by manufacturers. But when the category M reimbursement price for a particular product falls, it may take time and sustained pressure from pharmacies for wholesale prices to respond. During this period, it is essential that contractors exert maximum pressure on wholesalers. There have been a number of examples where manufacturers' prices were below the Drug Tariff price but a product could not be obtained at the Drug Tariff price from a number of wholesalers.

In some parts of the country, another problem is branded prescribing. As category M prices are set to include an element of purchase profit, which is a fundamental part of the new contract funding arrangements, reimbursement prices may be higher than manufacturers' list prices. To save money, some PCTs are encouraging branded prescribing.

When products are prescribed generically, pharmacies seek to obtain the best available generics prices, driving down the prices being charged by wholesalers and manufacturers and in turn the Drug Tariff reimbursement prices and costs for the NHS. Prescribing branded generics or off-patent branded medicines profoundly affects the competition that drives down prices in the generics market and acts to drive up costs to the NHS. It can also lead to unequal geographical distribution of the funding under the new contract. PSNC is completely against this practice. The government is currently giving consideration to the problem.

PSNC meets regularly with the Department of Health to discuss progress with the system and problems that arise. ▶

Wesley Yin-Poole

"The problem is with the unreliability of pricing. It would be nice if things were more transparent. I would like official warning of what's going to change. At the moment it takes a bit of time to readjust the stock. Things just seem so temporary."

Jackie Lewis, Lewis Pharmacy, Exmouth

"The bulk of our work is substance abuse and most of our money comes from fees, so category M doesn't have a huge impact on us. We don't use a huge amount of generics – we do a lot of diazepam – and they're not really high value items, so we're not going to see much of a difference anyway."

Stuart Notman, Stuart Notman Pharmacy, Ferryhill, Aberdeen

"I have a phrase 'look after the customers and the profits will look after themselves'. Too many people worry about the cost of generics. I'm still a happy bunny irrespective of category M. Pharmacists are great for moaning and groaning and yet they're always changing their cars and going on exotic holidays."

Raymond Hall, Raymond C Hall Pharmacy, Hull

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THE MEDICINES ARE GENERIC

THE DISCOUNT SCHEME ISN'T

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HOW TO BUY GENERICS

To find out more about Accumulator call us on 0800 731 0370 or email accumulator@actavis.co.uk

in the spotlight

Our new packs have been appearing on your shelves since last November and here at Teva, we're celebrating!

The reason? We have just won a design industry "benchmarks" award for our innovative approach to brand communication to our customers.

Our new packaging design is smart and modern but most of all are designed to aid fast, sure, safe recognition and dispensing for you and your patients.

To find out more about Teva products call 0800 590 502 or visit www.teva360.com

TEVA 360°

benchmarks
the best in brand communication
Commended in Category

Teva UK Limited, Leeds Business Park, 18 Bruntcliffe Way, Morley, Leeds, West Yorkshire LS27 0JG

The Teva view

Looking at pharmacists' orders as a basket of products, category M does seem to do what it was designed to do. However, it is not our place to comment on whether the system is working or not, suffice to say that there is some volatility for some individual products, and always has been. The generics market is a fiercely competitive, price-led one and we will continue to compete successfully for business.

Looking ahead

So what does the future hold for category M? In the past, the Department has considered a number of options for setting Drug Tariff prices, including centralised procurement. We believe that the government made the right decision to choose category M, which is working as it was intended, encouraging competition in the generics market and driving down prices for the NHS. We expect category M to continue for the foreseeable future but we will be monitoring the market keenly for changes that may impact on the success of the system, for example changes in the ability of wholesalers to compete as a result of the emergence of the logistics service provider model in the supply of medicines.

Despite what may happen in the future, PSNC will continue to monitor carefully retained purchase profit to ensure that the guaranteed levels continue to be delivered to independent contractors. If the agreed purchase profit is not available at any point in the future, the category M scheme is one of a number of tools that the government can use to ensure that the guaranteed levels continue to be delivered to independent contractors.

More information on the funding arrangements for the pharmacy contract can be found at www.psnc.org.uk/funding

Mike Dent is head of finance at PSNC

Michael Cann

Category M has been a success for all the various stakeholders, providing significant savings for the NHS, while retaining pharmacy purchase profit in a vibrant pharmacy sector by providing competitive pricing from manufacturers.

Category M reimbursement can occasionally take time to reflect market prices. At Actavis we have developed our commercial propositions to ensure that pharmacists do not miss out in such situations. With the Accumulator Scheme for instance, discounts start from the first pound spent and are tiered based upon spend profile of independent pharmacies so, even when prices and the tariff are misaligned, the discounts will ensure that the pharmacist receives the returns needed to support his or her business. Such instances are very rare, but pharmacists should take advantage of the Actavis Accumulator Discount Scheme to ensure pharmacy profit.

Actavis understands that brand prescribing can create problems when reimbursement is below the brand price. Pharmacists should use their relationships with GPs to ensure that branded medicines are only prescribed where there is a real medical need or where the appropriate guidance is being followed. The OFT is soon to report on the PPRS mechanism and in the meantime we should be working together to ensure generic prescribing prevails at every appropriate opportunity.

Actavis continues to work with the BGMA and the DH to ensure that the processes that support category M and price stability are in place.

Michael Cann is head of sales at Actavis

"Our gross profit for the year is almost the same as the year before category M came in. It has to be said that the new contract has given me the opportunity to improve the bottom line. We've developed new services that have allowed us to more than compensate. I can't complain. It has been a cost neutral exercise."

Tony Schofield, J and A Schofield, South Shields

"It's difficult to keep track of things. This system isn't transparent. We've always tried to work out what we should be getting paid each month and it never works out. We can never ever predict what our NHS payment should be. It's worse since category M came in."

Cath Boury, Newland Community Pharmacy, Hull

"It's a government ploy to get us to take part in the new contract. I know they've taken the profit out and given it back to pharmacy, but you can only earn that money back if you fully take part in the contract. We have the scope to take part, with MURs and minor ailments, but to penalise single-handed pharmacies is wrong."

Mike Long, Highbury Pharmacy, London

NPC Plus in association with C+D

Cardiovascular Risk and Respiratory Disease Workshops

Manchester – Tuesday, 13 March 2007

Leeds – Thursday, 15 March 2007

Warwick – Tuesday, 20 March 2007

Rated 'high quality' and 'very relevant' by pharmacists at 2006 event

The Workshops

Cardiovascular risk

Epidemiology and burden of CVD
What causes variations in the incidence of CVD?
How to communicate risk to patients

Lifestyle interventions

Evidence for various non-drug interventions
How do we implement this in practice?

Lipid-regulating therapies

What does the evidence show?
Choice of statin
Implications of the Heart Protection Study

Hypertension

Evidence around choice of drug therapies
Practical implications of theclinical evidence

Antiplatelet therapy

When should aspirin be given?
What is the role of clopidogrel?
What is the role of other antiplatelets?

Registration: 6.30pm (coffee, light refreshments)
Workshop start: 7.30pm
Workshop finish: 9.30-9.45pm
Buffet supper: 9.30pm

Places limited so book early

Respiratory disease

Epidemiology, burden of illness and natural history of COPD and asthma
Diagnosis issues for COPD and asthma
What does the National Guidance say?

Asthma

Evidence-base around various treatment options with a particular focus on:
Inhaled corticostreroids
Long-acting beta-agonists
Evidence around choice of delivery system?

COPD

Evidence-base around various treatment options with a particular focus on:
Inhaled corticosteroids
Long-acting bronchodilators (tiotropium and beta-agonists)
Smoking cessation

Cost to register £35 +VAT (£41.13) per person.

Telephone Pauline Sanderson on 01732 377269

or send the form below with payment to:
Pharmacy Projects, Pharmacy Group, CMP Medica, Riverbank House, Angel Lane, Tonbridge, Kent TN9 1SE

Venue selection
- ❑ MANCHESTER – Tuesday, 13 March 2007, Marriott Worsley Park, Manchester M28 2QT
- ❑ LEEDS – Thursday, 15 March 2007, Holiday Inn, Garforth, Leeds LS25 1LH
- ❑ BIRMINGHAM – Tuesday, 20 March 2007, Hilton Hotel, Junction 15 M40, Warwick CV34 6RE

Workshop selection (one only)
- ❑ CV risk
- ❑ Respiratory disease

First name.....
Surname.....
Job title.....
Pharmacy/organisation.....
Address.....
.....
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.....Postcode.....
E-mail.....
(CMP Information Ltd may from time to time send relevant updates about services and other relevant CMP Information events. Your email will not be passed to 3rd parties. By providing your email address you consent to being contacted by email for direct marketing purposes by CMP Information Ltd.)
Phone.....

Payment
- ❑ Cheque for £41.13 enclosed (payable to CMP Information)
- ❑ Credit card ❑ Debit card
- ❑ Visa ❑ Mastercard ❑ Switch ❑ Amex

Number.....
Valid from.....Expiry date.....
Cardholder's name.....
Signature.....Date.....
Billing address (if different from left)
.....
.....
.....Postcode.....

The view from Scotland

George Romanes

The issue of generics is a thorny one for Scottish pharmacists. We were the first sector of the UK to look at a monthly tariff for generics with the old part 7 list, when lists from three suppliers were regularly monitored and a weighted average arrived at.

However, this is ancient history now as we have moved to an era of transparency and controlled profitability with the advent of the new pharmacy contracts. Now we have become hooked up with our English counterparts despite the differences in our total remuneration envelopes with the advent of category M.

The importance of the generics market must never be underestimated, though, as we in Scotland have a great record of using generic products and thus being cost-effective for executive and taxpayer alike. Recently I feel patients are more accepting of a generic product since their look and quality has improved beyond recognition.

One or two manufacturers have revamped their whole range to be professional looking, easily identified and value for the taxpayers' money too. It is important to have packs on shelf that are recognisably different to prevent picking errors or otherwise you will need to buy an Automat such as the Willach Consis I have just installed in my new pharmacy.

Safety is being taken very seriously by generics manufacturers and I can't think that quality or value for money could be better than they are now. The main outcome for contractors has been a polarisation to just a few companies. Successive administrations have caused generic manufacturers' profits to become wafer thin and many would prefer to deal in France and the rest of the EU where a bit more profit might be made.

The government has already had to step in to ensure supply of enteric coated prednisolone recently as there were not enough manufacturers to ensure supplies over the flu season. Perhaps control of the market has become so tight as to be counterproductive.

Many contractors have given up chasing the last penny and joined a buying scheme where continuity of supply and a fair price mix like a good cocktail. After all, the only winner over the past few years has been our paymasters as we have driven down prices to a level that seems almost ludicrous, with some drugs costing as little as a bar of chocolate.

Longer term there will be less choice and competition as some manufacturers give up in the UK market and seek more profit from other countries in the EU. We have seen it in other markets such as the dairy industry.

There is and will continue to be downward pressure on purchase profits going forward and fewer new generic launches seem to be in the pipeline over the next two years.

As for the differences north and south of the border, these are very small and really only come about because Scotland adopted category M a year later than England and Wales; by that time some products had gone generic and the savings had been achieved and accounted for. So really there is not much to report and sadly we don't have a "tartan tariff" any more.

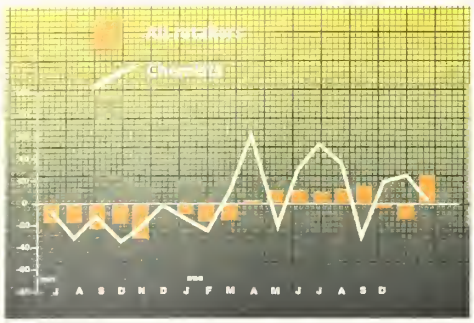
Overall, the category M effect has been to squeeze out the smaller manufacturers and short-liners to some extent while the stiff competition has caused some shorts but not as many as expected. I am sure that category M has worked for the governments both north and south of the border but what do they really understand about such a huge, market-driven area that they seek to keep a stranglehold on for the sake of the bottom line? It will be interesting to see if category M is a long-living beast or not.

George Romanes is a community pharmacist in Duns, Scotland

Business indicators

Christmas sales were surprisingly good but rising interest rates will have a knock-on effect, says Peter Varley

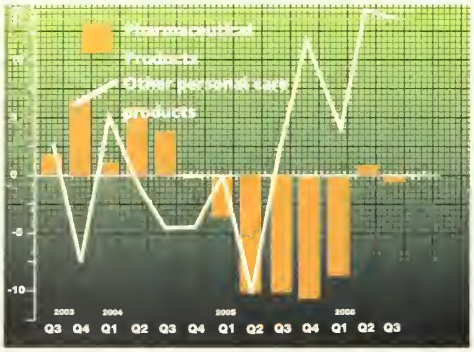
Retail sales



Pre-Christmas reports of gloom and doom in the high street may have been overdone. According to the December CBI retail survey, sales hit a two-year high, albeit amidst strong discounting. Chemists' sales grew only marginally and retailers appear to have suffered as consumers increasingly turned to the internet.

The CBI reports that **retail pharmacy sales** volumes increased in the year to December by 2 per cent. The previous month 22 per cent had seen sales grow, while 12 months earlier 8 per cent had suffered a year-on-year fall in sales. But underlying growth in high street sales overall remains modest and volumes are expected to weaken further in January, with the lowest expectations for more than a year. The British Retail Consortium's December survey supports the view that sales were "not a bonanza, but a long way from the predicted disaster", with like-for-like volumes up 2.5 per cent compared with December 2005. Among **pharmacy and beauty sales**, the BRC says cough/cold treatments, pain relievers and stomach remedies picked up late in the month, and premium skincare, fragrances and cosmetics remained popular. But **consumer confidence** took another blow in December, according to GfK NOP, mainly due to a sharp fall in the measure of whether now is the right time to make a major purchase.

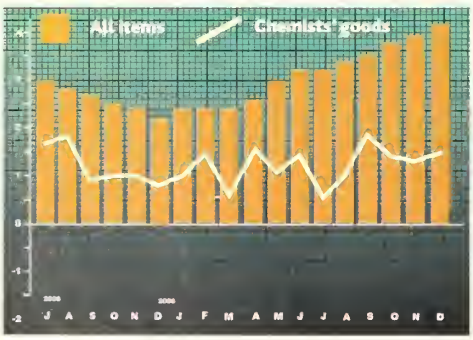
Consumer spending



Consumer purchases of pharmaceutical products fell slightly in the year to the third quarter of 2006, but spending on other medical products was up by around a fifth. Total household spending growth was weaker than expected but consumers are forecast to remain fairly resilient this year despite higher interest rates and utility bills.

Consumer spending on **pharmaceuticals** in the three months to September last year was 2.1 per cent down on the previous quarter, in seasonally-adjusted volume terms, and was 0.6 per cent lower annually. At current prices spending rose by an officially estimated 0.4 per cent on the quarter, but fell 0.4 per cent over the year. Purchases of other **medical products** rose in volume by 2.9 per cent in the third quarter and by 20.3 per cent annually; by value, purchases fell 2.3 per cent on the quarter but rose 21.7 per cent over the year. Total household spending growth slowed to 1.2 per cent at current prices and by 0.4 per cent in volume terms in the third quarter. In a forecast made before the surprise January interest rate hike, the CBI predicted spending growth of 2.4 per cent this year and 2.5 per cent next, from an expected 2.1 per cent in 2006. On the supply side, UK **pharmaceuticals** output rose 2.1 per cent in the three months to November, and by 3.1 per cent annually. **Perfume and toiletry** output rose 1.8 per cent in the latest quarter, and by 12.9 per cent over the year.

Retail prices



The price of chemists' goods in the high street strengthened in the year to December, despite a small fall during the month, but remained well below overall consumer price inflation. Manufacturers' prices of pharmaceutical products fell marginally in the year to November but factory gate prices of perfume and toiletry preparations held steady.

The official retail price index for **chemists' goods** fell by 0.2 per cent in December, but rose by 1.5 per cent annually – up from 1.3 per cent in November. Headline **retail price inflation** rose to 4.4 per cent in December, from 3.9 per cent, but the government's preferred measure, which excludes housing costs, jumped to a 10-year high.

The British Retail Consortium's shop price index for December saw overall prices 2.3 per cent higher than 12 months earlier, up from an annual increase of 1.8 per cent in November. UK manufacturers enjoyed more pricing power in December and increased prices by 2.2 per cent on the year, while their material and fuel costs rose at the slowest rate in two and half years. In November the average price of **pharmaceutical preparations** fell by 0.7 per cent annually, while **perfumes and toiletries** were up by just 0.2 per cent. Beauty and skincare product prices fell 0.5 per cent, but shampoos and other hair care products grew by 1.1 per cent. Prices of shaving preparations and deodorants rose by 1.5 per cent on the year.

Earnings and unemployment

Despite a tightening labour market, with fewer unemployed and a drop in the number of job vacancies, the trend in growth in average earnings – both including and excluding bonuses – is broadly unchanged. But worries have increased over early evidence of higher wage agreements and the possibility of further increases in borrowing costs.

The number of **jobless people** claiming the Jobseeker's Allowance fell to 943,100 in December, down by 5,500 on November but 3.9 per cent higher than 12 months earlier. The total number of unemployed fell by 29,000 in the three months to November, compared with the three months to August, to 1.67 million. There were 600,900 vacancies in the three months to December, down 2,500 from the previous quarter, but up 4,100 on the same time in 2005.

Pay, including bonuses, grew by 3.9 per cent in the year to November – down from 4.2 per cent the previous month – and rose by an unchanged 4.1 per cent annually in the three months to November. New pay deals in January monitored by Income Data Services indicate that median settlements are around 4 per cent – up from 3 per cent last year - as employees demand larger increases in the face of rising inflation.

The Bank of England's decision to raise the **base interest rate** to 5.25 per cent is widely expected to foreshadow further increases in the months ahead.

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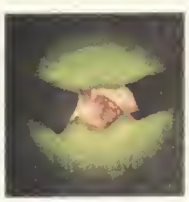

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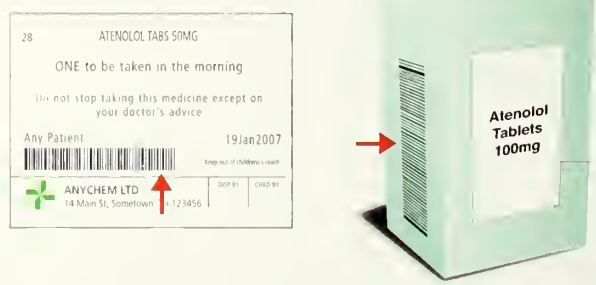

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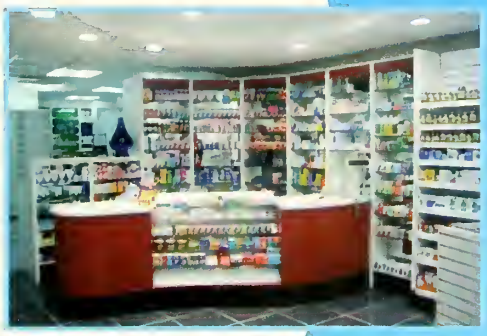

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Baird's robot named by schoolboy

A nine-year-old primary school pupil won a competition to think up a suitable name for a robotic dispensing unit installed at Baird's Pharmacy in Fraserburgh, Scotland.

Lewis Cruickshank, of South Park Primary School, came up with the name BARDU (Baird's Amazing Robotic Dispensing Unit) and won a £50 voucher for himself and £50 for his school.

Robert Baird told C+D: "We had about 80 replies from primary schools and playgroups. I was delighted with the name as it was obvious that a bit of thought had gone into it."

Mr Baird invited the schoolchildren to visit the ARX dispensing robot in the pharmacy where they could see it on a TV screen in the shop picking up tablets and cartons and stocking and loading itself. "I gave them some information on what it did and said it was linked to a labelling machine," said Mr Baird.

The quality of the entries was high, which made it difficult to choose the winner. The second choice was Dee-Spenser (similar to C+D's very own web blogger, Dee Spencer, who writes each week at www.dotpharmacy.com), which Mr Baird also thought was very clever (so do we).

Baird's is an independent pharmacy chain with four branches in Fraserburgh, Huntly, Keith and Woodside, a north-western suburb of Aberdeen. Mr Baird said a second robotic dispensing unit was in the process of being commissioned at the Keith branch and he would be running another competition to name the new unit once it was up and running in a few weeks' time.

Making way for a new era in pharmacy

When Co-operative Pharmacy opened its new branch on Roxburgh Street in Greenock, two former colleagues were invited to perform the official ribbon cutting ceremony.

Before they retired, Ruby Lever and Ritchie Foulds worked for many years at the pharmacy's former premises on Lynedoch Street. They are pictured above, from the left, with the staff who, now that they have a brand new consultation area, are able to provide a wider range of services, including blood pressure monitoring and medicines use reviews.

Scott McIntosh, regional manager of the Co-operative Pharmacy, said: "The new premises are ideal. They allow us to remain at the heart of the local community and at the same time we can enhance the service we provide to our customers."

Anyone for coffee?

Vanessa Hoyle, pharmacy manager at R S Marsden Chemist in Harrogate, was the lucky winner of the 4head prize competition run by Dendron in C+D last September.

Ms Hoyle, who has been at the pharmacy for 12 years and manages a team of 10, won a Krups coffee maker. She is pictured receiving her prize from Dendron's representative Jim Pepperrell.

"Although I enter the competitions regularly, this is the first time I have won," she told C+D.

Appointments

Richard Hollies is leading the programme of POM to P switches at Actavis in his new role as OTC sales and marketing manager.

The National Pharmacy Association has made two new appointments. Simon Ellison (top, right) has become commercial director and Gareth Jones (right) is the new NHS liaison manager, taking over from Neal Patel who is now head of communications at the NPA.

Steve Philips has become director of counter fraud services at the Department of Health following the departure of Jim Gee to KPMG.

Alan Turner, general manager of Nucare Services for the past six years, has decided on a change of career. He has become a consultant and will continue to act for Nucare and others to support the independent pharmacy sector.

Paul Johnson has become the new general manager for IMS Health UK & Ireland, replacing Peter Hayward who has left the company. He has been with IMS for 22 years and was most recently general manager of the firm's global consumer health business line.

Sandy Forrest, director of the Council for Healthcare Regulatory Excellence, will leave to become chief executive of NHS24 in Scotland on May 1.

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